

Resolutions for The White House Conference on Aging

**Submitted by
The National Council on the Aging**

September 29, 2005

1. STRENGTHENING AND IMPROVING THE OLDER AMERICANS ACT
2. CREATING A NATIONAL LONG-TERM CARE POLICY
3. 21st CENTURY SENIOR CENTERS
4. PROMOTING CONTINUING CONTRIBUTIONS
5. EXPANDING TRAINING AND EMPLOYMENT OPPORTUNITIES FOR OLDER WORKERS
6. STRENGTHENING AND IMPROVING SENIOR NUTRITION PROGRAMS
7. STRENGTHENING AND IMPROVING THE MEDICAID PROGRAM FOR SENIORS
8. STRENGTHENING AND IMPROVING THE MEDICARE PROGRAM
9. STRENGTHENING AND IMPROVING THE SENIOR SAFETY NET
10. PREVENTION, HEALTH PROMOTION AND SELF-CARE
11. FALL PREVENTION SERVICES AND INTERVENTIONS
12. PHYSICAL ACTIVITY
13. MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND INTERVENTIONS
14. MAXIMIZING TRANSPORTATION CHOICES
15. PROMOTING SUITABLE AND AFFORDABLE SUPPORTIVE HOUSING
16. INTERGENERATIONAL ISSUES
17. SUPPLEMENTAL SECURITY INCOME (SSI)
18. SOCIAL SECURITY REFORM

1. Strengthening and Improving the Older Americans Act

Overview of Current Issue Status and Policy:

The Older Americans Act (OAA) has been the basis for many positive contributions to the lives of older Americans since its original passage in 1965, especially among the poorest and most vulnerable. Its programs have strengthened the health, protection and independence of our nation's seniors, through the provision of hundreds of millions of meals, millions of care visits, and many other services. The OAA has a special title devoted to meeting the needs of older Native Americans. Unfortunately, funding for OAA programs has been largely frozen for several years, failing to keep pace with rising inflation, the growing numbers of seniors, and the expanding needs of those seniors.

Challenges and Opportunities:

The OAA should incorporate innovative proposals that have been put forward by the aging network. The divisive and controversial issues that delayed the previous reauthorization should be vigorously avoided. There is an opportunity to strengthen the safety net for seniors and to facilitate expanded contributions to our common life by seniors. The annual appropriations process provides an opportunity for Congress to make increased funding a reality.

Resolution:

- The Older Americans Act should include:
 - a new section and greater emphasis on civic engagement;
 - a new National Center for Senior Benefits Outreach and Enrollment;
 - a strengthened role for multipurpose senior centers – for example, in the development of state and area plans;
 - a strengthened and enlarged program of evidence-based health promotion and disease prevention;
 - new steps to promote long-term care choice and independence by:
 - strengthening planning and counseling assistance, improving access to reverse mortgages, and expanding Aging and Disability Resource Centers (ADRCs);
 - permanent authorization of the Family Friends program; and
 - increased funding of at least 10% per year over the next decade.

2. Creating a National Long-Term Care Policy

Overview of Current Issue Status and Policy:

Our nation faces a long-term care crisis that is growing worse every day. America's long-term care "system" is characterized by limited choices, fragmentation, confusion, workforce shortages and institutional biases. After working hard throughout their lives, millions of older Americans are forced to bankrupt themselves before receiving help. Overburdened caregivers are sacrificing their mental, physical, and economic health. Our current system is badly fragmented, difficult to navigate, and fails to adequately integrate housing needs and programs. 83% of Medicaid long-term care dollars continue to be spent on institutional care, despite the fact that most recipients would strongly prefer to remain in their homes and communities.

Challenges and Opportunities:

We have too long ignored the emerging long-term care crisis facing our rapidly aging society. With the aging of the baby boomers, many of whom are now dealing with their parents' long-term care needs, there is a great opportunity for a national dialogue and debate about how to best address this looming crisis. We can do far better than forcing millions of seniors, after working hard all their lives, to bankrupt themselves before receiving help.

Resolution:

- Find the appropriate balance between the roles of the public and private sectors. The public sector should provide a strong, universally available foundation of support that the private sector can supplement and build on – not unlike the three-legged retirement stool of Social Security, private savings and pensions. On the private side, more should be done to create incentives for consumers to plan ahead, tap into the enormous potential of home equity and reverse mortgages, and make easy-to-understand, high quality long-term care insurance that meets core standards, more available to younger workers.
- Recognize the vital role of family caregivers, the primary providers of long-term care. Recognizing their enormous financial, physical and emotional burdens, provide more support to them through adult day and other respite services, tax credits, and the National Family Caregiver Support program.
- Address an emerging crisis among direct care workers. Promote recruitment and retention of these paraprofessionals by providing federal grants to states.
- Promote choice and consumer direction. Draw lessons from the cash and counseling demonstrations, so that consumer directed services can improve efficiency and client satisfaction, and help address growing workforce shortages.
- Promote integration across programs and settings with regard to service delivery, standard needs assessment, payment methodology, and quality and other regulatory standards.
- Recognize the critical role of the aging network and the Older Americans Act to promote independence, choice and dignity.

3. 21st Century Senior Centers

Overview of Current Issue Status and Policy:

Senior centers, a designated focal point under the Older Americans Act, are places where older adults come together for services, information-and-referral, and activities that respond to their diverse needs and interests. Nearly 15,000 centers serve close to ten million older adults annually through a broad range of programs that enhance their health and dignity, support their independence, and encourage their involvement in and with the community. Through community linkages, multipurpose senior centers play a crucial leadership role in developing innovative approaches to address aging issues involving older adults, caregivers, professionals, lay leaders and students. Senior centers implement critical programs that serve both frail and active older adults in an atmosphere that fosters social interaction, physical and mental stimulation and self-esteem building. Senior centers play a vital role in building and sustaining our communities, offering hope and encouragement to aging adults, their families and their caregivers. Several studies have shown that senior centers have a positive impact on the lives of consumers, such as heightened or renewed self-worth, individual growth and a new social network. Senior center users report improved mental and physical health, with over 75% indicating that centers have helped them to remain independent and avoid institutional care.

Challenges and Opportunities:

Senior centers are ready to support and implement the President's New Freedom Initiative, promoting full access to community life through tearing down barriers. Senior centers have the ability to adapt and diversify in order to meet the changing needs of current seniors and soon-to-be seniors, as well as their families and caregivers. The Administration on Aging has noted that multipurpose senior centers will help lead the way in adapting and promoting available technology so that individuals can more easily access information, services, communication and enjoyable activities. The best way to counteract the stigmas and barriers to services that come with aging is to provide access and resources in a setting in which older adults are comfortable. Senior centers are a beacon of light in America's communities, and should be strongly supported.

Resolution:

- Support an expanded role for senior centers as focal points for community-based services to seniors, caregivers and families.
- Support the operation of senior centers as independent service agencies, and the placement of social and clinical services within those agencies. Modernize Title III of the Older Americans Act to facilitate access to all services based at senior centers, and increase funding for those services.
- Strengthen the delivery of services – under Medicare, Medicaid and other programs – through multipurpose senior centers.
- Support efforts to modernize and upgrade senior centers' facilities so that they will attract and serve new generations.
- Support policies that enable senior centers to expand opportunities and partnerships for lifelong learning and creative civic engagement.

4. Promoting Continuing Contributions

Overview of Current Issue Status and Policy:

Advancements in science and medicine have brought an additional twenty to thirty years of healthy, productive living to most Americans after child-rearing and work as we have known it. This new stage of life, the “third third,” has the potential to strengthen all dimensions of society and to invigorate our democracy as well. New approaches are needed for tapping the asset value of millions of people who are living longer and more healthily. Creating a new array of flexible options for service and volunteering can lead to effective use of the tremendous resource that current and coming generations of older adults represent.

Challenges and Opportunities:

Conventional societal views on aging, as well as the infrastructure built on those views, are based on the perspective of costs and deficits associated with decline and frailty related to age. This perspective has damaging effects on both individuals and society. We must develop strategies to change attitudes towards aging and increase opportunities for paid and unpaid civic participation and social contribution by older adults – in education, health care, emergency services, family support, youth programs, elder care and more. The net result of this wise investment will be billions of tax dollars saved and a higher standard of living for all.

Resolution:

- Integrate civic engagement into the Older Americans Act and the established aging network, and provide sufficient funding for innovative civic engagement initiatives.
- Support expansion to one million participants in the national Senior Service Corps programs: Foster Grandparent Program, Senior Companion Program, and Retired and Senior Volunteer Program.
- Establish a broadly-representative federal commission to develop a blueprint for tapping older adults as a source of social capital. Establish a fund for innovation to foster the growth of promising practices and program models that develop volunteerism to address critical human and community needs.
- Establish the Silver Scholarship initiative, a \$1,000 tax-free transferable education award for older adults who serve a minimum of 500 hours per year.
- Support non-profit service organizations that train paid and unpaid professional volunteer managers to tap and develop older adults as a new source of human capital.
- Establish incentives for organizations to engage greater numbers of older adult volunteers in service opportunities that meet critical community needs, and for older adults to get involved.

5. Expanding Training and Employment Opportunities for Older Workers

Overview of Current Issue Status and Policy:

In 1950, there were seven working age persons for every older person in the U.S. By 2030, when the bulk of baby boomers reach retirement age, the ratio will dwindle to less than three-to-one. Because Americans are living longer, economic necessity may force them to reconsider the work and leisure balance in their later years. A recent AARP survey confirmed that 65% of Americans over age 65 believe that there are insufficient job opportunities for their achieving or maintaining economic independence. These dynamics are compounded by the fact that workplace opportunities for women of all ages remain limited with two-thirds of women in nonprofessional and often low-paying jobs such as clerical, retail or food services.

Challenges and Opportunities:

Research studies continue to indicate that the workforce will shrink as many baby boomers retire, leaving a gap that younger workers will be unable to fill. The Government Accountability Office (GAO) is projecting a workforce shortage of 10 million workers by the end of this decade. It is important that both public and private sector employers recognize the value that older workers bring to the workplace as illustrated by their lifelong work experience, responsibility, loyalty, dedication and demonstrated ability to be positive mentors for younger workers. All Americans should have the right to economic security and self sufficiency. Therefore, older individuals should have equal access to public and private services that lead to challenging and rewarding employment opportunities.

Resolution:

- Establish a National Mature Workers Employment Commission to promote innovative employment options and policies impacting older workers, such as employer education on the value of older employees, pay equity, and financial incentives and tax credits for hiring, training and retaining older workers.
- Preserve – and expand funding for – the Senior Community Service Employment Program (SCSEP), which provides community service employment and training opportunities for low-income older persons. Emphasis on placement should not unduly overshadow its vital and proven community service objective.
- Re-establish set-aside funding to ensure that older individuals are equitably served in federal employment and training programs such as the Workforce Investment Act.
- Adjust the federal minimum wage on an annual basis to compensate for cost-of-living increases.
- Encourage employers to offer pension plans that include phased-retirement options and that eliminate penalties for extended careers.

6. Strengthening and Improving Senior Nutrition Programs

Overview of Current Issue Status and Policy:

Good nutrition is foundational to the health of all persons, especially seniors. Government-funded food and nutrition programs are an essential safety net against hunger and malnutrition. Hunger and poor nutrition are increasing across all age groups, especially among the poor.

Challenges and Opportunities:

Although the nutrition programs of the Older Americans Act are valuable and effective tools in helping to combat hunger and malnutrition, they have not been enhanced in recent years, nor have they been adequately funded. There is no food shortage in this country, but there are many seniors – and people of all ages – who do not have enough to eat, or do not have an adequate and appropriate diet. Thousands of older Americans are on waiting lists for meal programs. Most congregate meal sites and home-delivered meal programs only provide meals for five days of each week. Churches and charities are deeply involved in combating hunger and nutrition, but they can not do all that needs to be done.

Resolution:

- Strengthen all nutrition programs in the Older Americans Act and in other current laws, and conduct an evidence-based study of the cost effectiveness of OAA nutrition programs.
- Support significant increases in funding for food and nutrition programs that serve seniors and all age groups.
- Strengthen both home-delivered meals and congregate meal sites so that more older persons receive meals seven days a week, including funding for AoA Nutrition and Physical Activity Resource Centers.
- Support increased food safety in all these programs.
- Integrate food and nutrition services in Medicaid home and community services programs.
- Support enhancements to senior nutrition programs which make them more culturally and generationally responsive and appropriate, including enhanced access for kinship caregiving families.

7. Strengthening and Improving the Medicaid Program for Seniors

Overview of Current Issue Status and Policy:

Over five million of the oldest, lowest income, most vulnerable seniors in our nation receive some form of assistance from the Medicaid program. This assistance provides an essential safety net that meets critical health and long-term care needs not covered under Medicare. In 2001, Medicaid spent an estimated \$64 billion on the elderly.

Approximately 9% of Medicaid enrollees are elderly, while about 26% of Medicaid dollars are spent on seniors. On average, Medicaid spends over \$13,000 per year per elder enrollee, more than any of the other three categories of eligible groups (people with disabilities, children, and pregnant women and families).

Challenges and Opportunities:

Medicaid is the largest public source of funding for long-term care. We need to recognize that Medicaid in its current form is not sustainable over the long-run and suffers from a serious institutional bias. According to the Urban Institute, only 16% of Medicaid's long-term care expenditures for the elderly are spent on home and community services. There is also a risk that the growing number of seniors on Medicaid could cause cuts in services for younger people who lack basic health insurance. We need to build a framework for a Medicaid long-term care program that allocates resources more wisely, reduces per capita costs, provides better choices and control, improves quality, and better supports families.

Resolution:

- Oppose any efforts to block grant, cap spending, or weaken the entitlement under the Medicaid program. Any efforts to provide greater flexibility should maintain key consumer protections.
- Address Medicaid's long-term care institutional bias by:
 - eliminating the need for waivers to provide home and community-based services (HCBS);
 - providing incentives for all states to have HCBS spousal impoverishment protections;
 - permitting states to use Medicaid dollars to reduce up front reverse mortgage costs and allowing purchasers to protect a certain amount of assets from estate recovery if they take out a reverse mortgage;
 - permitting states to include savings from Medicare and other federal programs in their Medicaid HCBS waiver budget neutrality calculations;
 - reducing barriers for states to provide consumers with greater opportunities to choose consumer directed models of Medicaid home and community services; and
 - exempting HCBS programs from lien and estate recovery requirements.
- Federalize the Medicare Savings Programs (MSPs) and eliminate the burdensome asset eligibility requirement. Until that can be accomplished, interim steps include: (1) simplify and consolidate the programs; (2) improve outreach and enrollment efforts; (3) index the asset test to account for inflation; (4) increase federal contributions; and (5) improve the levels of protection consistent with those under the Medicare Part D prescription drug benefit.

8. Strengthening and Improving the Medicare Program

Overview of Current Issue Status and Policy:

When Medicare was enacted in 1965, only about half of all older persons had any form of health insurance. Today, Medicare is one of the world's best health insurance programs, delivering invaluable services at remarkably low administrative expense and helping pay the medical bills for 39 million older and disabled Americans. Today, only about 1% of senior citizens is uninsured.

Challenges and Opportunities:

Medicare faces multiple challenges such as providing for the retirement of the soon to be eligible baby boom generation while strengthening the program to address chronic care needs. Chronic illness is America's highest cost and fastest growing healthcare problem. Approximately 69% of seniors who are dually eligible for Medicare and Medicaid have more than one chronic condition. Those at greatest risk of chronic illness – persons over 85 years of age – are the fastest growing segment of our population. Medicare, which was designed to meet the needs of acute episodes of illness, does a particularly poor job addressing the needs of seniors with chronic illness.

Resolution:

- Promote non-partisan discussion on how Medicare “solvency” should be defined. Items for discussion should include: the desirability of continuing current solvency distinctions between Medicare Parts A and B; how to define long-term program sustainability; whether measures should include spending relative to the Gross Domestic Product; and whether measures should include comparisons to per capita increases in similar private sector spending.
- Meet the needs of the growing Medicare population without shifting costs to beneficiaries. Maintain the present Medicare standard package of benefits and services. Protect the affordability of Medicare by opposing substantial increases in co-payments, deductibles, and Part B premiums, as well as the introduction of individual medical savings accounts. Oppose increases in the Medicare age of eligibility.
- Cover a broader range of preventive benefits under Medicare, including falls prevention and routine eye care. Eliminate deductibles and co-payments for preventive benefits.
- Eliminate legislative and regulatory barriers to integrated care for beneficiaries with chronic illness. Take a systems approach to integrating the delivery, financing and administration of services across settings and payers.
- Index Medicare prescription drug deductibles and co-payments to the Consumer Price Index. Eliminate the low income asset test. Fill the prescription drug benefit coverage gap, or “donut hole.” Repeal the provision that prohibits the Secretary of HHS from negotiating drug prices.

9. Strengthening and Improving the Senior Safety Net

Overview of Current Issue Status and Policy:

The history of public benefits outreach efforts to date is not very encouraging. Studies show that even after 40 years, large percentages of people who are eligible for important public benefits are not receiving them. Only an estimated 30% of seniors eligible for food stamps, 33% of people eligible for Qualified Medicare Beneficiary (QMB) protections, 13% of those eligible for Specified Low-Income Medicare Beneficiary (SLMB) protections, and 53% of the elderly eligible for Supplemental Security Income (SSI) actually receive the assistance for which they are entitled.

Challenges and Opportunities:

As our nation continues to age, improving access to public benefits that meet the needs of the growing senior population becomes ever more critical. According to the National Adult Literacy Survey, three-fourths of the older population have limited literacy skills, making easy-to-understand applications a critical need. A recent study by the Access to Benefits Coalition, *Pathways to Success: Meeting the Challenge of Enrolling Medicare Beneficiaries with Limited Incomes*, yielded important insights into best practices for outreach and enrollment of people with Medicare who have limited incomes. The study examined the costs, successes and challenges of local and national outreach and enrollment efforts to find and enroll beneficiaries with limited incomes in prescription savings programs over the past year. One significant finding was that the costs of enrolling those with limited incomes in a prescription savings program vary greatly based on the strategies or tactics used locally. Examples of effective strategies to maximize enrollment include using trusted intermediaries to provide person-centered one-on-one assistance, pre-qualified leads (meaning the use of lists of other benefit program enrollees to identify who is likely to be eligible), and technology such as online eligibility tools and wireless Internet access.

Resolution:

- Promote greater use of person-centered strategies, as opposed to single benefit outreach strategies, to find and enroll low-income seniors in all of the benefits to which they are entitled.
- Promote greater funding for local, state and national outreach efforts.
- Promote greater use of web-based screening, decision-support and enrollment tools to complement and support community-based outreach efforts.
- Eliminate the asset test and the need for face-to-face interviews as a condition for receiving help under the Medicare Savings Programs (QMB, SLMB, QI-1 programs) and other means-tested benefits.
- Promote the use of simplified application forms for public benefits programs, including on-line applications.

10. Prevention, Health Promotion and Self-Care

Overview of Current Issue Status and Policy:

While four out of five older adults have a chronic condition, disability need not be an inevitable part of the aging process; it can frequently be prevented, delayed or successfully self-managed. It is widely recognized that among the most successful “treatments” of chronic conditions is proactive prevention, including primary preventive health promotion, preventive services and secondary preventive self-management of chronic conditions. Key health risk behaviors that must be targeted include: physical inactivity, poor diet, smoking, and substance abuse. These health risk behaviors not only cause and exacerbate chronic illness, but they are also a leading contributor to health disparities among older persons, and account for over one-third of all deaths.

Older persons do indeed benefit from health promotion and disease prevention interventions; the evidence is overwhelming that prevention works to improve health and reduce health care costs. However, older adults can only make better health choices when the communities in which they reside offer high quality educational programming about prevention and provide support for behavior change and healthier lifestyles. A growing body of evidence indicates that a failure to invest in prevention and health promotion is a significant contributor to rising health care costs.

Challenges and Opportunities:

Despite a number of proven prevention programs and supports ready for widespread implementation at the community level, there is little funding available to assist in translating this research into practice. Currently, our health care system focuses on treatment, not prevention. While nearly \$300 billion is spent each year treating older adults’ healthcare problems through the Medicare program, prevention-related funding in the Older Americans Act is just \$23 million, less than 65 cents for each older adult individual. In order to create community-based prevention programs, federal agencies, including the Administration on Aging, the Centers for Disease Control and Prevention, and Centers for Medicare and Medicaid Services, must coordinate with one another. Special attention should be given to expanding successful programs such as those developed under the Administration on Aging’s Evidence-based Prevention Initiative.

Resolution:

- Create a national center for evidence-based prevention to ensure that high quality, tested programs are widely available and that their impact on diverse populations is being routinely assessed.
- Support integrated programs on disease and disability prevention, health promotion and chronic disease self-management by making them widely available at the community level, at senior centers and other appropriate settings in the aging services network.
- Ensure that health insurance policies, including Medicare, cover comprehensive preventive services and offer prevention education and counseling.

11. Fall Prevention Services and Interventions

Overview of Current Issue Status and Policy:

One in three community-dwelling persons over the age of 65 falls each year, increasing to one in two by age 80. Fall-related injuries, including fractures, joint dislocations and head injuries, can reduce mobility and independence, and are often serious enough to result in hospitalization and an increased risk of premature death. 95% of all hip fractures are a result of a fall, and falls are the leading cause of injury deaths among older adults. Both injurious and non-injurious falls can facilitate an unhealthy fear of falling, resulting in self-imposed physical activity limitations and social isolation, which paradoxically can result in a greater risk of falling and possible depression. The direct cost of fall-related injuries in older adults is estimated to reach \$32.4 billion by 2020.

Despite the growing health care costs associated with falls and the evidentiary effective, multifactorial interventions to reduce falls, there are few federal initiatives focused on the development of comprehensive risk assessment and targeted risk reduction programs.

Challenges and Opportunities:

Identifying key risk factors and implementing targeted interventions to reduce risk can lower the number of falls and fall-related injuries, resulting in significant health care cost savings. CMS coverage for medical risk assessments in high risk older adults, including medication reviews, and referrals for appropriate medical interventions, are important first steps in achieving substantial, long-term reductions in falls and fall-related injuries across diverse older populations. This can only be accomplished if federal agencies, including the Administration on Aging and the Centers for Disease Control and Prevention, are engaged in promoting and funding community-based programs in fall prevention to integrate with the health care system. Federal mandates to link the health care system and the aging services network would promote a seamless transition of an older adult from medical assessment and rehabilitation to community-based self-management of fall risk programs, through targeted physical activity programs, home safety reviews and public awareness.

Resolution:

- Identify, synthesize, and translate interdisciplinary research into best practices that can be effectively implemented through partnership with health care and aging service providers and professional organizations.
- Address fall-related medications management issues as part of the prescription drug benefit component of the Medicare Modernization Act.
- Provide health services to older adults to assess risk factors for falls.
- Improve education and training of health care professionals and service providers to include fall risk assessment. Incorporate fall prevention into curricula in medical schools, allied health education, and health care professional continuing education.
- Support regional and state collaborations for fall prevention that will design and implement broad-based coalitions to raise awareness about falls and take local action to reduce risk and injury due to falls.

12. Physical Activity

Overview of Current Issue Status and Policy:

For older adults, engaging in regular physical activity extends active independent life, reduces morbidity and disability, and lowers health care costs. Lack of physical activity is an important contributor to the most important chronic diseases and disabilities affecting older Americans, including heart disease, diabetes, cancer, osteoporosis, depression, muscle weakness, and falls. Yet less than one-third of Americans age 65+ meet the recommended level of physical activity (moderate-intensity activity for at least 30 minutes/day at least five days a week). Rates of physical inactivity are even higher among minority populations, contributing to disparities in health status and mortality. Approximately 15% of the 1.6 million chronic health conditions that resulted in death in 1996 were due to sedentary lifestyle alone.

Hundreds of billions of government and private sector dollars are spent each year supporting the diagnosis and treatment of inactivity-related conditions, but very little is spent researching, evaluating, supporting, and promoting community programs designed to help seniors make healthy lifestyle choices that are likely to prevent or delay the need for these treatments in the first place.

Challenges and Opportunities:

Reducing health care costs associated with inactivity in the older adult population will require the concerted efforts of multiple federal agencies including the Administration on Aging, the Centers for Disease Control and Prevention, and the Centers for Medicare and Medicaid Services. Multiple studies funded by NIH, CDC and the private sector have documented the effectiveness of specific programs that are feasible and attractive for reaching millions of older adults, including community-wide campaigns, social support programs in community settings (e.g., senior centers), and individually-adapted behavior change programs. Through these proven and effective evidence-based programs, it has been shown that older adults are highly capable of increasing levels of physical activity, which will contribute to decreased levels of disease and disability, reduced health care expenditures, and substantial improvements in quality of life.

Resolution:

- Support healthy lifestyle choices by ensuring affordable, effective physical activity programming in community settings.
- Support state and local efforts to mount effective campaigns to promote physical activity among older adults.
- Support increased accountability of health plans and physicians in providing counseling and recommendations on physical activity.

13. Mental Health and Substance Abuse Services

Overview of Current Issue Status and Policy: Almost 20% of persons age 55 and over experience specific mental and cognitive disorders that are not part of the “normal” aging process, including a prevalence rate of 11.4% for anxiety disorders and 20% for symptoms of depression. An estimated 17% of older adults misuse or abuse alcohol and medications. Although most older adults see a physician regularly, about 40% of those who are at risk do not self-identify or seek services for substance abuse problems and are unlikely to be identified by their physicians. Co-morbidity of mental illness and substance abuse exacerbates symptoms and often leads to medical treatment noncompliance, more frequent hospitalization, greater depression and likelihood of suicide, incarceration, family friction, and higher service use and cost. The 1999 Surgeon General’s Report on Mental Health found that disability due to mental disorders, substance use or cognitive impairments in individuals aged 65 and over will become a major public health problem in the near future due to changing demographics. Persons with limited English skills and those who have come to this country from other cultures face especially high hurdles in obtaining services.

Challenges and Opportunities: There are effective interventions for most mental and substance abuse disorders experienced by older persons. Older Americans can benefit from successful treatment of their mental health and/or substance abuse disorders. However, the fragmented service delivery system and out of date policies are barriers to care. Key issues include: the stigma attached to mental illness and advanced age, a mismatch between covered services and those preferred by older persons, and a lack of adequate preventive interventions to aid early identification of geriatric mental illness. There is concern that persons dually eligible for Medicare and Medicaid potentially may lose needed medications under the new Medicare prescription drug benefit.

Resolution:

- Assure access to an affordable and comprehensive range of quality mental health and substance abuse services including: outreach, home and community based care, prevention, intervention, acute care, and long-term care.
- Amend statutes that address public and private health and long-term care insurance plans to: guarantee parity in coverage and reimbursement for mental health, physical health, and substance abuse disorders; ensure that benefits packages provide full access to a comprehensive range of coordinated and quality services; ensure that older persons who are eligible for Medicare have access to a full range of medications.
- Promote older adult mental health and substance abuse services research and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery.
- Support the integration of older adult mental health and substance abuse services into primary health care and community-based service systems; promote screening for co-occurring mental and substance use disorders by primary health care, mental health and substance abuse providers; and encourage the development of integrated treatment.

- Increase collaboration among aging network, mental health and substance abuse service providers, housing facilities, health care providers, consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies maximizing the strengths of each group to promote more effective use of resources and to reduce fragmentation of services.

14. Maximizing Transportation Choices

Overview of Current Issue Status and Policy:

Access to transportation is vital for older Americans who want to maintain their health and independence. Access to safe and affordable transportation enables older persons and persons with disabilities to participate in their communities. Lack of transportation restricts mobility, choice of living environment, access to services and participation in activities. As people age, their physical abilities often diminish and their reaction times increase, but the thought of giving up driving remains frightening and emotionally-charged.

Challenges and Opportunities:

Many seniors are currently stuck in their homes because they do not have access to transportation, and this lack frequently pushes seniors to leave their homes and move to an institution. Lack of transportation increases isolation and loneliness among seniors while decreasing independence. It was reported in 2004 that more than one in five Americans over age 65 do not drive, and that an average of 50% of those non-drivers stay at home because of a lack of transportation. These non-drivers have less opportunity to participate in their communities and to take trips for social reasons.

Resolution:

- Support seniors' access to transportation as an essential component of life.
- Provide flexibility in funding so that local governments can use state and federal grants in innovative ways and develop new models, including incentives for local governments and metropolitan planning organizations to fund transportation choices for older adults.
- Create public-private partnerships that expand access to transportation options.
- Increase federal funding for public and community transit programs that serve older Americans, with special attention to rural areas.
- Coordinate publicly-funded transportation services to increase availability and efficiency, including opportunities for community-based groups to provide volunteer drivers.
- Provide transportation planning that increases seniors' access to community-based services.

15. Promoting Supportive Housing

Overview of Current Issue Status and Policy:

The vast majority of older people prefer to live independently in their own households setting for as long as possible and avoid institutional living. Nevertheless, inadequate programs, a dearth of services and limited housing options often force older persons into institutions, even when such moves are inappropriate, costly and destructive of independence. Health and social services issues are interrelated with housing, and together they have a major impact on individual rights and dignity. The Federal government's Section 202 program, which provides low-income housing linked with services, has been highly successful at enabling older persons to remain in their own homes rather than move to institutions.

Challenges and Opportunities:

There is a serious shortage of suitable and affordable housing options for older persons who are experiencing physical decline but want to preserve their independence. Millions of those persons live in homes that are inappropriate, although these homes could be modified and adapted for the owners' current needs. Others could remain at home if they receive certain specific services, while still others are candidates for moving to apartments that provide independent living with services. The likelihood is that this picture will worsen over the next decade as seniors live longer and many have moderate to severe physical decline. Governments at all levels can foster health, independence and high quality of life for seniors by promoting supportive housing.

Resolution:

- Promote the health and independence of older persons in their homes through a broad range of integrated services and programs, such as care management, assistive technology and adult day care.
- Provide additional funding for retrofitting and modifying older persons' homes so that they will be able to stay in those homes.
- Expand Medicare and Medicaid coverage for services and devices that enable older persons and persons with disabilities to stay in their homes.
- Provide housing that is linked to supportive services and co-locate senior housing with community-based services.
- Provide tax credits and other incentives that will expand appropriate housing options for low-and-moderate income older persons.
- Expand the Section 202 program and adequately fund the portion of Section 202 that provides for adaptations to assisted living.
- Establish an executive-level interagency council to better coordinate housing programs and related services for seniors.

16. Intergenerational Issues

Overview of Current Issue Status and Policy:

The time has come for advocates for children, youth and older persons to work together to build and support a common agenda. Each generation has unique strengths to help meet the needs of another. Efforts to create more decent societies rest on the interdependence of generations—past, living, and still to come. Intergenerational collaboration will unite and improve our communities. Every person, younger and older, is a resource and adds value.

Challenges and Opportunities:

Public policy should meet the needs of all generations. Resources are more wisely used when they connect the generations rather than separate them. Discrimination in any form limits a people's potential to contribute to the development of their community. Grandparents and other relatives who step forward to raise children are providing an invaluable service to their families and our country.

Resolution:

- Provide funds for states to establish or expand existing subsidized guardianship programs to support permanent guardianship placements with relatives.
- Expand and improve respite care, kinship care and mental health services for grandparent and other relative caregivers.
- Create substantial new opportunities for intergenerational community service by older Americans through new initiatives that foster innovation.
- Continue and expand before-and-after-school child nutrition programs and senior programs, especially on shared sites where children and seniors are encouraged to interact and share resources.
- Support strategies to increase the availability of intergenerational housing, especially where kinship care families could gain improved access to intergenerational programming.
- Make the Child Tax Credit fully refundable and available to all families, including grandparents and other relatives raising children, regardless of whether they owe income taxes.

17. Supplemental Security Income (SSI)

Overview of Current Issue Status and Policy:

The Supplemental Security Income (SSI) program provides basic safety net protection for 7 million low-income aged, blind, and disabled adults and children with few resources (Social Security Administration, 2005). The federal benefit rate for an individual in 2005 is \$579 monthly, which is 27.4% below the official poverty level. Approximately 850,000 persons age 65 and older receive SSI only and no Social Security benefits. Approximately 54% of SSI beneficiaries have no other source of income besides their SSI benefits. Only 1.4% of SSI recipients aged 65 and older earn any other income.

Challenges and Opportunities:

The general income exclusion for SSI of \$20 per month and the earned income exclusion of \$65 per month have not increased since 1972, and the resource limits have not been updated since 1989. The eligibility requirements have not been updated for several years, making it less effective in alleviating poverty. Administration of the program is complex and needs simplification along with increased outreach. Only 6 in 10 of all seniors eligible for SSI are currently receiving benefits. A panel of experts in 1992 recommended important improvements to the program but little action has been taken to implement those suggested improvements.

Resolution:

- Increase the federal benefit standard to at least 120% of the poverty level.
- Discontinue counting in-kind support and maintenance as income.
- Increase the general income and earned income exclusions.
- Increase the assets/resources limits and index increases to inflation.
- Restore SSI benefits to all immigrants whose status would have entitled them to benefits prior to the 1996 welfare reform law.
- Develop and fund an effective outreach program.

18. Social Security Reform

Overview of Current Issue Status and Policy:

The Social Security Old Age, Survivors, and Disability Insurance Program (OASDI, Title II of the Social Security Act) is the basic underpinning of the nation's income maintenance structure. Social Security now provides at least 50% of the total income for two thirds of Older Americans. It is the only income source for 20%. Some 16 million people—seniors, the disabled, and children are kept out of poverty because of Social Security. It is important to remember that the program provides a critical safety net for millions of minorities, as well as dependents and survivors.

Challenges and Opportunities:

There is no “crisis” or “bankruptcy” facing the Social Security program, as some have alleged. Current reserves in the Social Security System are a substantial \$1.5 trillion. These reserves will continue to build up to \$3.7 trillion by 2018. According to the Social Security trustees, the program will be able to pay full benefits until 2042 without any changes in the system. At that time, Social Security payroll taxes are projected to cover 73% of benefit costs in future years. The Congressional Budget Office is even more optimistic in projecting that the current system could pay full benefits through 2052 and 80% thereafter.

Resolution:

- Oppose the “partial privatization” of Social Security because it would reduce social insurance protections now in place for both current and future retirees, their survivors, their dependents, and for persons with disabilities.
- Continue annual-cost-of living adjustment based on fair and carefully assessed measures, and eliminating gender inequities. Oppose calculating initial retirement benefits on a price index rather than an average wage index system.
- Provide a credit to a worker's Social Security benefit at a base amount for every year that the worker has cared for a disabled family member. This change would give recognition to the contributions made by informal caregiving to our older and disabled populations.
- Make the Social Security program more responsive to the needs and circumstances of women. Improve the benefits available to survivors, including divorced survivors, eliminate the requirement to delay a spouse's Social Security benefit for two years after a divorce, and modify the present “government pension offset” that unfairly penalizes many women retirees.
- Support changes that would effectively deal with the long-term fiscal solvency challenge now facing Social Security, including: gradually increasing the maximum amount of annual wages subject to the payroll tax (currently capped at \$90,000); investing a portion of the Social Security Trust Funds into the equity and bond markets, not unlike current practices in a number of other public retirement programs; and bringing all state and local governmental employees hired after 2009 into the Social Security system.